MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE i FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER 1 AMENDMENT		AFTER 2 AMENDMENT	
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TOTAL CLAIMS			34				TOTAL CLAIMS					Carry.	